Fill in	this infor	nation to identify your case:		Ch	eck one bo	x only as c	lirected in this form and	in Form
Debto	or 1	Vikki Lorraine Bell		122	2A-1Supp:			
Debto (Spous	or 2 e, if filing)				■ 1. There	e is no pres	umption of abuse	
Unite	d States E	Bankruptcy Court for the: Southern District of	of Mississippi	'	appli	es will be r	to determine if a presur made under <i>Chapter 7</i> iicial Form 122A-2).	•
		25-01220		.	_	`	,	
(if knov	<i>m</i> )						does not apply now be y service but it could ap	
					☐ Check	if this is a	in amended filing	
Offi	cial F	orm 122A - 1						
Cha	apter	7 Statement of Your Cur	rent Moi	nthly Inc	ome			12/19
attach case n qualify Part	a separate umber (if I ing militar	and accurate as possible. If two married people at sheet to this form. Include the line number to we known). If you believe that you are exempted from a service, complete and file Statement of Exempticulate Your Current Monthly Income	rhich the addition m a presumption otion from Presur	nal information a of abuse becau	applies. On se you do r	the top of a ot have pri	ny additional pages, writ marily consumer debts o	te your name and or because of
	_	our marital and filing status? Check one on	ly.					
		arried. Fill out Column A, lines 2-11.						
	☐ Marrie	d and your spouse is filing with you. Fill ou	it both Columns	A and B, lines	2-11.			
	□ Marrie	d and your spouse is NOT filing with you.	You and your s	spouse are:				
	☐ Livi	ng in the same household and are not lega	Ily separated.	Fill out both Co	lumns A ar	nd B, lines	2-11.	
	pen	ng separately or are legally separated. Fill on alty of perjury that you and your spouse are leaged apart for reasons that do not include evadir	egally separated	d under nonban	kruptcy lav	v that appli	es or that you and your	
101 the	(10A). For 6 months,	rage monthly income that you received from all and example, if you are filing on September 15, the 6-me add the income for all 6 months and divide the total he same rental property, put the income from that p	onth period would by 6. Fill in the re	be March 1 throus sult. Do not include	ugh August 3 de any incon	31. If the ame	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
					Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	_	ss wages, salary, tips, bonuses, overtime, aductions).	and commission	ons (before all	\$	452.75	\$	
		and maintenance payments. Do not include is filled in.	payments from	a spouse if	\$	0.00	\$	
1	of you or from an un and room	nts from any source which are regularly payour dependents, including child support. married partner, members of your household mates. Include regular contributions from a sponot include payments you listed on line 3.	Include regular I, your depende	r contributions nts, parents,	\$	0.00	\$	
5.	Net incor	ne from operating a business, profession,						
				otor 1				
		eipts (before all deductions)	\$ 0.00					
	•	and necessary operating expenses	-\$ 0.00	Camu hava	<b>c</b>	0.00	¢	
		lly income from a business, profession, or fari	n\$	Copy here ->	<b>5</b>	0.00	\$	
6.	net incor	ne from rental and other real property	Dok	otor 1				
	Gross ros	oints (hoforo all dodustions)	\$ 0.00					
		eipts (before all deductions)	-\$ 0.00					
		and necessary operating expenses	·	Copy here ->	\$	0.00	\$	

Official Form 122A-1

0.00

\$

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

Case number (if known) 25-01220

				Column A Debtor 1			lumn B btor 2 d n-filing		
8.	Unemployment compensation	\$			0.00	\$		•	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	r							
	For you\$								
	For your spouse \$								
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.				0.00	\$			
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other	 -							
	sources on a separate page and put the total below  • Workers Comp	\$		2	637.18	\$			
	- Workers Comp	\$ \$		۷,	0.00	\$ \$			
	Total amounts from separate pages, if any.	. \$			0.00	\$			
4.4	. Calculate your total current monthly income. Add lines 2 through 10 for				1			1	
<b>Part</b>	t 2: Determine Whether the Means Test Applies to You  Calculate your current monthly income for the year. Follow these steps:							Total incon	current monthly
	12a. Copy your total current monthly income from line 11			Сору	y line 11	here=	>	\$	3,089.93
	Multiply by 12 (the number of months in a year)							X	12
	12b. The result is your annual income for this part of the form						121	b. \$	37,079.16
13.	. Calculate the median family income that applies to you. Follow these steps:								
	Fill in the state in which you live.								
	Fill in the number of people in your household.								
	Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified for this form. This list may also be available at the bankruptcy clerk's office.						13.	. \$	52,797.00
14.	. How do the lines compare?								
	Line 12b is less than or equal to line 13. On the top of page 1, check box Go to Part 3. Do NOT fill out or file Official Form 122A-2.				•	•			
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The pi</i> Go to Part 3 and fill out Form 122A–2.	resum	npti	ion of	abuse is	deter	nined b	by Form 1	122A-2.
Part									
	By signing here, I declare under penalty of perjury that the information on this st	tateme	ent	t and	in any att	achm	ents is t	true and o	correct.
	X /s/ Vikki Lorraine Bell Vikki Lorraine Bell Signature of Debtor 1								
	Date May 14, 2025								

Vikki Lorraine Bell

Debtor 1

## 25-01220-JAW Dkt 8 Filed 05/14/25 Entered 05/14/25 13:09:44 Page 3 of 3

Debtor 1	Vikki Lorraine Bell	Case number (if known)	25-01220	
	MM/DD/YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form	٦.		